27 JAN 2016 Waterfront Meeting

	Speaker	Topic	Time
MRD-SD	HMCM Nafus	Opening Remarks	5
MRD-SD	LCDR Gutweiler	Q4 2015 Curric. Review	15
Fleet Mental Health	CDR King Hollis	Mental Health Updates	25
MRD-SD	LT Mace	Elective Surgery Guidance	10
NMCSD Social Work	LCDR Narro	Social Work Waterfront Support	10
NEPMU-5	LT States	D&I Reporting	10
NEPMU-5	HM2 Bender	Pest Control DD FORM 1532	10
Fleet Optometry	LT Collins	Optometry Updates	5
Fleet Dental	LCDR Chilcutt	Dental Updates	5
		Total	95

Curriculum Review

Please start on the quizzes as soon as you find a seat!

Put your name on the quiz and **pass to the end of the row (left) when you are done.** Thank you!

January Chest Pain- Dr. Oakley Triage- LT Feroli February Shock- Dr. Mecklenburg Pulm. Emerg- Dr. Powers March Acute Pain- Dr. Voogd Surgical Abdomen- Dr. Ignacio April Airway Management- Dr. Hauff	May Dental- LT Meadows (IDC's) Ultrasound- Dr. Hurst (MO's) June Poisoned Patient – Dr. Carstairs Allergic Rxn's – Dr. Clapp July Trauma – Dr. Wisniewski Psych Emergencies – Dr. Ong	August GYN – Dr. Heaton (IDC's) Radiology - Dr. Lee (MO's) September Ortho – Dr. Bernhardson EKG – Dr. Oakley October Ophtho – Dr. Valerio November Prev Med – LT Sammons

Fleet Mental Health

CDR S. King Hollis, PMHNP
Mental Health Fleet Liaison
Contact: 619-556-8090

With gratitude for contribution/consultation from William M. Hunt, Ph.D.

I have no financial or professional relationships to disclose

Topics Covered

- Helping patients access appropriate mental health/wellness resources:

  Fleet Mental Health

  Fleet and Family Support

  Military One Source

  Chaplains
- 1st line MH: Overview Therapeutic Communication

Fleet Mental Health

- Fleet Mental Health has a catchment area of 150,000-175,000
- An estimated 26.2% of Americans ages 18 and older suffer from a diagnosable mental disorder in a given year
- 50% of individuals in their life time will have mental health diagnosis
- Demand for Mental Health services remains high

Initial care guidelines

- Most common dx: Adjustment disorder, Depression, Anxiety, Insomnia
- Start medications as appropriate: SSRI, non- benzo anxiolytics, sedatives
- Encourage adequate sleep, nutrition, exercise, R & R, teach COSC
- Consider referrals for routine stressors
  - Fleet and Family Support Center
  - Military One Source
  - Chaplain

Fleet and Family Support Center
866-923-6478

- Appropriate referrals: adjustment, transition , relationship, family, occupational problems
- Services: Individual and couples counseling, educational groups (managing money, parenting, communication skills, anger and stress management)
- Uncomplicated mental health (i.e., no suicidality, homicidality or medication issues)
- FFSC refers to FMH when needed
- No documentation in medical record

Military One Source
1-800-342-9647

- Up to 8 free counseling sessions in the community
- Will refer to a provider or Tricare for complex MH or additional f/u prn
- Focus on individual and couples problems
- Also help with financial counseling, relocation assistance, deployment support, etc.
- No documentation in medical record

Chaplaincy

- Chaplains are trained in counseling (individual, family)
- Experts in managing spiritual/moral crises
- Duty Chaplain available 24/7
- Referrals appropriately made from Chaplains to MH prn
- No documentation in medical record

Mental Health Referrals

- Complex and/or comorbid mental health, i.e. depression unresponsive to monotherapy, insomnia, hx suicidality, early sobriety, divorce pending, etc.
- Concerns about FFD/deployability
- Clearly indicate desired consult, i.e., psychology and/or psychiatry
- “Routine” consult unless time critical, i.e., suicide risk, psychoses, imminent underway

“SHIP” Tips for writing a consult

- **S**ymptoms
- **H**istory of mental and pertinent medical health
- **I**nterventions/med trials
- **P**recipitating factors
- Patient is a 24 year-old, Caucasian male IT2 suffering from depressed mood, anhedonia, difficulty sleeping, reduced appetite, and suicidal ideation with no plan or intent. He has a history of 2 depressive episodes as a teen that were successfully treated with therapy and medication. Currently on Zoloft 50mg x 2 weeks. Current episode began when patient’s wife unexpectedly filed for divorce 1 mos ago. Deployment scheduled for June 2016. Labs WNL.PT’S # AND PROVIDERS #.

  Priority: Routine

Tips (cont'd)

- For urgent consults
- Send consult as usual, indicate 24hrs
- Call Duty provider for consultation
- After 1400, patient proceeds to ED, accompanied, if immediate safety concerns
- Helpful to understand ship's optempo/imminent underway, etc. for disposition planning

THERAPEUTIC COMMUNICATION

- Objectives
- Define therapeutic communication
- Identify the types of communication
- Identify and define therapeutic communication techniques
- Identify barriers to therapeutic communication

COMMUNICATION IN GENERAL

- Communication is a process by which information is conveyed and received. It is the meaningful exchange of information between two or more living creatures
- A process by which two living beings interact and influence each other
- Words, tone of voice, body language are extremely powerful
- The goal of communication is understanding

TWO BASIC TYPES OF COMMUNICATION

- Verbal communication: Written and spoken words
- Non-Verbal communication: actions, emotions or behaviors. These are cues that are not always clear or straightforward and are not all intentional: maintaining a good eye contact, smiling, crying, touching, facial expressions, tone of voice and body language
- 80-90% communication is nonverbal
- Essentially all behaviors conveys some message

THERAPEUTIC COMMUNICATION INCLUDES

- Provider responsibilities:

-Respect patient privacy
-Be courteous
-Listen to the patient
-Maintaining a good eye contact
*avoid excessive staring (i.e., aggression, paranoia)
* be mindful of patient's cultural background
-Pay close attention to both verbal and nonverbal cues
-Display Unconditional Positive Regard
-Provide safety

COMMUNICATION TECHNIQUES

- Giving information
- Using Silence- can be positive and therapeutic
- Accepting- via verbal or non verbal
- Recognition/Observation- “I noticed you are looking tired.”
- Offering self- “I’m available when you would like to talk.”
- Broad Openings- “Tell me how things have been going.”
- General leads- yes, nodding, ‘and then. . .’
- Providing time sequence- ‘Did this happen before. . .after.?”
- Encouraging insight- ‘What do you think you are experiencing?’
- Restating/ Paraphrasing

COMMUNICATION (cont'd)

- Reflecting-directing back to the patient
- Focusing (tangential, circumferential)
- Exploring
- Clarifying
- Presenting reality
- Summarizing/clarifying
- Suggesting collaboration
- Encouraging formulation of plan of action

COMMUNICATION BARRIERS

- Rejecting- “I don’t want to hear about that”
- Disapproving “That’s bad”
- Disagreeing “I don’t believe that”
- Advising “I think you should. . .”
- Challenging, demanding proof
- Defending-’A recruiter would never do that’
- Belittling- conveys lack of empathy
- Stereotyped comments- ‘Here’s a straw.’

Summary

- PCMs/GMOs/IDCs- first line for mental health support
- Initial pharmacotherapy and supportive therapy
- Consider Consultation to resources prn
- Consider Consultation with Mental Health Fleet Liaison, FFSC, Chaplain prior to referrals

Questions/Comments

- Thank you for your kind attention

Non-Emergency Self-Referred Civilian Medical Procedures

BUMEDINST 6320.72

Non-emergent care

- Definition: Care that is not medically indicated
- Self-referred civilian medical procure
- Can be inpatient or outpatient procedure

Documented counseling

- Patient must receive documented counseling from PCM or military medical department (MMD)
- The CO must be notified by the PCM or military medical department in cases that may lead to decreased mission readiness
- In cases that are determined to have potentially negative impact on mission readiness by a PCM or MMD, the Service Member's Commanding Officer or designee must give a written approval
- If a member receives a medical procedure without documented counseling and CO approval, the CO will refer the patient to a PCM or MMD to determine any impact on mission readiness and ability of the patient to perform required duties

RECOMMENDED COUNSELING ENTRIES ON THE SF 601 OR PAGE 13 FOR NONEMERGENCY MEDICAL CARE WITHOUT PRIOR APPROVAL

_____1. Per BUMEDINST 6320.72, I have been counseled by, or in the presence of a medical department office. I understand the significance of receiving unauthorized civilian medical care.

_____2. I am seeking care outside a federal source for the following health care:

I understand the availability of health care from a federal source.

_____3. I understand the requirement for prior approval if the government is expected to defray any costs for this care.

_____4. I have been informed of the possible compromise of disability benefits should a therapeutic misadventure occur.

_____5. I have been notified that should hospitalization become necessary or other time is lost from my place of duty, such lost time may be charged as "ordinary leave".

_____6. I have been notified that the government cannot be responsible for out-of-pocket expenses that I may incur by and insurance carrier or that I am unable to pay for the cost of the contemplated care.

_____7. I have been directed to report to a Uniformed

_____7. I have been directed to report to a Uniformed Services Medical Facility (Preferably Navy) upon completion of this episode of care for determination of fitness and continued service.

_____	_____	_____
Witness	Counselor Printed Name Rank, Position, Unit	Service Member Printed Name Unit

Note: These are only recommendations. If you use an SF 600, ensure that the patient identification information is completed.

Social Work Waterfron
Support Initiative

Navy Social Work

- Clinical mental health providers
- Focus on individual and environment
- Advocate for at risk/ under served populations

IDC Manned Ships

- Limited mental health resources
- Mental health situations negatively impact command/ mission readiness
- High prevalence of LIMDU for mental health

Initiative

- Facilitate and support Mind Body Medicine groups

Anticipated Outcomes

- Enhanced resiliency skills
- Decreased stress and anxiety
- Improved sleep hygiene
- Positive impact on mental health and fleet readiness

Team

- LCDR Narro: Social Work Department Head
- ENS Stickler
- ENS Henderson
- ENS Zimmer

- POC:
  - LCDR Narro: 619-532-5618
  - ENS Henderson: 619-750-2303

NEPMU-5
Disease & Injury Report

- What: Investigation of barriers to D&I reporting
- Why: Transition from weekly submission of D&I to EMR surveillance sub-par
- When: 01Feb2016 - 15Mar2016
- Where: IDC/MO work spaces (I will come to you)
- Who: LT Leith States MC USN (FMF), DIVO PHS, NEPMU-5 619-556-7083, leith.j.states.mil@mail.mil

NEPMU-5
Pest Control DD FORM 1532

- HM2 Bender

  or

- Jen Knapp PhD (Formerly Wright)

LT USN MSC

NEPMU- 5

Operations Department

3235 Albacore Alley, Naval Base 32nd St

San Diego, CA 92136

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PEST MANAGEMENT REPORT

C.D. CODE (1 2) UIC (3 4 5 6 7 8 9 10 11 12)

Form Approved
OMB No. 0704-0188

REPORT CONTROL SYMBOL

The public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defence, Executive Services Directorate (0704-0188). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. **PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.**

1. MAJOR OR REVIEWING COMMAND		2. REPORTING INSTALLATION	
a. NAME	b. ADDRESS	a. NAME	b. ADDRESS

NO.	TARGET PEST	OPERATION				PESTICIDE								TIME
	Name (a) 13 - 15	Name (b) 17 - 19	Total Units Treated (c) 20 - 24	Unit (d) 25 - 27	Site (e) 28 - 30	Name (f) 31 - 33	Form (g) 34 - 36	APPLICATION Amount (h) 37 - 41	APPLICATION Unit (i) 42 - 43	Final Conc. % (j) 44 - 49	RATE (Per Area Unit) Lbs. (k) 50 - 55	RATE (Per Area Unit) % (l) 56 - 58	SUPPLY SOURCE Enter S,N,G,C (m) 68	Hours (n) 69 - 71
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3. REMARKS

INSTRUCTIONS FOR USE

1. Detailed instructions of the implementing department directive shall be used in the preparation of this report.

2. Military installations shall prepare this report by the 15th day after the end of each month. The report shall be prepared and signed by the DOD certified pest management supervisor, applicator or inspector and by the installation engineer.

3. Three copies shall be signed and distributed as follows:
a. Copy No. 1. To the appropriate pest management professional in accordance with implementing department directives for technical review.
b. Copy No. 2. Record to the installation surgeon.
c. Copy No. 3. Record copy to the installations engineer for two year retention in accordance with Public Law 92-516.

4. INSTALLATION ENGINEER *(Reviewing Officer)*

a. TYPED NAME	b. SIGNATURE	c. DATE *(YYYYMMDD)*

5. INSTALLATION CERTIFIED PEST MANAGEMENT SUPERVISOR, APPLICATOR, OR INSPECTOR

a. TYPED NAME	b. SIGNATURE	c. DATE *(YYYYMMDD)*

DD FORM 1532 (BACK), AUG 96

Reset

NEPMU-5
Pest Control DD FORM 1532

- HM2 Bender

  or

- Jen Knapp PhD (Formerly Wright)

LT USN MSC

NEPMU- 5

Operations Department

3235 Albacore Alley, Naval Base 32nd St

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NMCSD Optometry Clinics

- 6 clinics
  * NMCSD 0600-1600
  *North Island 0700-1600
  *MCRD 0700-1530
  *NTC 0700-1530
  *Naval Station 0630-1530
  *Miramar 0630-1600

Walk-In Clinic

- Miramar (AM only)
  - Tuesday
  - Thursday
- Naval Station (AM only)
  - Tuesday
  - Thursday
  - Friday

**********First come, First Serve**********

New POC

- Outgoing: LT Brent Collins
- Incoming: LT Victoria Piamonte
  - DIVO, NAVAL STATION 32ND ST. OPTOMETRY DEPARTMENT
  - FLEET LIASION COORDINATOR
  - 619-556-8065/8063
  - VICTORIA.F.PIAMONTE.MIL@MAIL.MIL

Fleet Dental

Sara A. Chilcutt LCDR DC USN

Fleet Division Officer/ Fleet Liaison Officer

NBHC Naval Base San Diego

Fleet Office: (619) 556-4797

Front Desk: (619) 556-8239/40

sara.a.chilcutt.mil@mail.mil

Medical Readiness Division

MRD_SD_GMO@navy.mil
(619) 556-5191
Bldg 116
San Diego, CA 92136

Active Duty Clinic-Gen Surgery

- Director, MRD CDR Hoang has volunteered to see common general surgery pathology on Fridays at Dept of Surgery, NMCSD to fast track fleet referrals, including:
  - Soft tissue (lipoma, epidermal inclusion cyst, pilonidal cyst);
  - Anal disease (hemorrhoid, anal/rectal abscess);
  - Screening colonoscopy
  - Symptomatic cholelithiasis
  - Hernia (ventral, incisional, inguinal, umbilical)

  - Gen surg matrix referral rules still apply.

- Conditions requiring long term follow up will not be included in active duty clinic, unless discussed with MRD Physician Supervisors.

- Include “forward to Dr. Hoang” in body of the referral.

Upcoming Meetings

- **February 24th** @ 1000-1200
  - Hypo/Hyperthermia
  - MEDEVAC's
- **March 30th** @ 1000-1200
  - Mind Body Medicine
  - Pre-exposure Prophylaxis for HIV
- **April 27th** @ 1000-1200
  - Wound Care/Skin Closure/Suturing/Local anesthesia/digital block
  - GI bleed/DRE/Prostatitis